

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street)

655 Beach Street

☐Check if different
than previously
reported. (ACC)

San Francisco

CA

94109

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00196246

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

11

02

2010

in the
State of

0

(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

01

2010

through

10

13

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Steven Rausch

Signature of Treasurer

Electronically Filed by Steven Rausch

Date

11

22

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3XA**

Transaction ID :

This amended return addresses two items. 1. A contribution received of \$416.66 from Delia Sang is reported. 2. Schedule E has been corrected to provide the required information, per a request from an FEC letter dated 11/3/10.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 42

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M M
1 0D D
0 1Y Y Y Y
2 0 1 0

To:

M M
1 0D D
1 3Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		775049.98
(b) Cash on Hand at Beginning of Reporting Period	527230.92	
(c) Total Receipts (from Line 19)	15653.65	758183.31
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	542884.57	1533233.29
7. Total Disbursements (from Line 31)	174880.00	1165228.72
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	368004.57	368004.57
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	13574.30	598681.81
(ii) Unitemized	2054.35	141082.67
(iii) TOTAL (add Lines 11(a)(i) and (ii)	15628.65	739764.48
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	15628.65	739764.48
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	12000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	25.00	6418.83
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	15653.65	758183.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	15653.65	758183.31

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	49952.12	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	49952.12	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19500.00	729170.00	
24. Independent Expenditure (use Schedule E)	154580.00	378462.96	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	800.00	7643.64	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	800.00	7643.64	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	174880.00	1165228.72	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	174880.00	1165228.72	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	15628.65	739764.48
34. Total Contribution Refunds (from Line 28(d))	800.00	7643.64
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14828.65	732120.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	49952.12
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	49952.12

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Ahmed Abdelsalam

Mailing Address 1 E Wacker Dr
Ste 3150

City State Zip Code
Chicago IL 60601-1910

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: 46229080DA6796130193

Amount of Each Receipt this Period

83.34

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Madeline Almond

Mailing Address 1919 N Appleton St

City State Zip Code
Appleton WI 54911-2736

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: 9D5C6EEF-2679-4BE2-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Joe Arterberry

Mailing Address 224 E Broadway
Ste 110

City State Zip Code
Louisville KY 40202-2016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: 4ABE9BADF640B60A020D

Amount of Each Receipt this Period

41.67

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

625.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Gregg Bennett

Mailing Address 620 N Broad St

City

Woodbury

State

NJ

Zip Code

08096-1795

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: 49BEA45C5366E489287C

Amount of Each Receipt this Period

25.00

BATCH TOOL RECURRING PAYMENT
APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Jeffrey Baumann

Mailing Address 17560 US Highway 441

City

Mount Dora

State

FL

Zip Code

32757-6711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: 44639682D785B2E0DBFA

Amount of Each Receipt this Period

25.00

BATCH TOOL RECURRING PAYMENT
APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Rulon Beesley

Mailing Address 44404 16th St W
Ste 102

City

Lancaster

State

CA

Zip Code

93534-2839

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.87

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 1 0

Transaction ID: 4300AA6052417DE8E0CD

Amount of Each Receipt this Period

30.41

BATCH TOOL RECURRING PAYMENT
APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

80.41

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

William Blakemore

Mailing Address 101 Mark Dr
PO Box 1077

City State Zip Code
Edenton NC 27932-1778

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: 46E9BB73E414F4DB4BDA

Amount of Each Receipt this Period

25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Robert Block

Mailing Address 12 Curtis St

City State Zip Code
Meriden CT 06450-5900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: 48B1A71699ACAE7B8CAC

Amount of Each Receipt this Period

41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Steven Bodine

Mailing Address 915 Palmer Rd
Retina Consultations

City State Zip Code
Bronxville NY 10708-3304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 1 0

Transaction ID: 492690E52384CCB6A68E

Amount of Each Receipt this Period

50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

116.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Walt Bogart

Mailing Address 110 E Medical Ln
Ste 160

City State Zip Code
West Columbia SC 29169-4895

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 1 0

Transaction ID: 498B9A68A12F06BC878D

Amount of Each Receipt this Period

91.25

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Keith Bourgeois

Mailing Address 1315 St Joseph Pkwy
Ste 1601

City State Zip Code
Houston TX 77002-8232

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: A8764EB7F05FA160F2F

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

William Bridges, Jr.

Mailing Address 21 Medical Park Dr

City State Zip Code
Asheville NC 28803-2493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: 4EF9A735CA59D175E6BD

Amount of Each Receipt this Period

83.34

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

674.59

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Patricia Buehler

Mailing Address 1122 NW Foxwood

City

Bend

State

OR

Zip Code

97701-8606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: 4D53BD58B7DBD98E66B4

Amount of Each Receipt this Period

41.67

BATCH TOOL RECURRING PAYMENT
APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Barry Chaiken

Mailing Address 625 Park Ave

City

New York

State

NY

Zip Code

10065-6545

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Transaction ID: 117D5393DC2649EBEBA

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Grace Cinciripini

Mailing Address 514 34th Ave

City

Seattle

State

WA

Zip Code

98122-6472

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: 05A5FCBAAF92D257C94

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1041.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Terry Croyle

Mailing Address 2375 S Main St

City

Moultrie

State

GA

Zip Code

31768-6517

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: 47A49C8A19947BAE5FF3

Amount of Each Receipt this Period

30.00

PACWEB RECURRING CC PAYMENT
APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Richard Davenport

Mailing Address 2424 S 90th St
Ste 204

City

West Allis

State

WI

Zip Code

53227-2455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 1 0

Transaction ID: 41BFB7E9C19120A85F2F

Amount of Each Receipt this Period

41.67

BATCH TOOL RECURRING PAYMENT
APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Daniel Day

Mailing Address 8401 Golden Valley Rd
Ste 330

City

Golden Valley

State

MN

Zip Code

55427-4488

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: 4ED583269B5C901CEAD9

Amount of Each Receipt this Period

50.00

BATCH TOOL RECURRING PAYMENT
APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

121.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Madeleine Ewing

Mailing Address 700 Spruce St
Ste 100

City State Zip Code
Philadelphia PA 19106-4022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: 2DDA8DD22187D70AAD8

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

James Finegan

Mailing Address 236 Roseberry St

City State Zip Code
Phillipsburg NJ 08865-1632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: 4B809B61DA734D08EB78

Amount of Each Receipt this Period

83.34

BATCH TOOL RECURRING PAYMENT
APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Wayne Fung

Mailing Address 2100 Webster St
Ste 214

City State Zip Code
San Francisco CA 94115-2375

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: 5AA245A751C64ED805F

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1448.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Timothy Gard

Mailing Address 512 E Main St

City

Hillsboro

State

OR

Zip Code

97123-4137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: 4022AFC2977AE88646A2

Amount of Each Receipt this Period

25.00

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Edward Gaul

Mailing Address 251 Moosa Blvd

City

Eunice

State

LA

Zip Code

70535-3638

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 1 0

Transaction ID: 4DF9AAB59A2F36AAB43A

Amount of Each Receipt this Period

41.67

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Erich Groos

Mailing Address 2400 Patterson St
Ste 201

City

Nashville

State

TN

Zip Code

37203-1587

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: 4750945EDE532B254725

Amount of Each Receipt this Period

83.34

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

150.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 / 42

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Maged Habib

Mailing Address 2300 S Congress Ave
Ste 102

City State Zip Code
Boynton Beach FL 33426-7400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: 4F12A2A7B9D49082CF06

Amount of Each Receipt this Period

25.00

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Mireille Hamparian

Mailing Address 2355 Roanoke Rd

City State Zip Code
San Marino CA 91108-2636

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: 4AD3BD72A006B6E914A8

Amount of Each Receipt this Period

50.00

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Cynthia Hampton

Mailing Address 451 Ruin Creek Rd
Ste 204

City State Zip Code
Henderson NC 27536-5969

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

783.38

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 1 0

Transaction ID: 476CAEBD1D4097F90D92

Amount of Each Receipt this Period

83.34

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

158.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Frank Hannah

Mailing Address 1622 E Marion St

City

Shelby

State

NC

Zip Code

28150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: D1C82E6A-5633-40EB-

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Lawrence E. Hannon

Mailing Address 3545 S Tamarac Dr
Ste 170

City

Denver

State

CO

Zip Code

80237-1423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 1 0

Transaction ID: 4CCB881632470ACE13DE

Amount of Each Receipt this Period

50.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

David Harris, Jr.

Mailing Address 1928 Alcoa Hwy
Ste 324

City

Knoxville

State

TN

Zip Code

37920-1505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 1 0

Transaction ID: 481096C9A849B9953A17

Amount of Each Receipt this Period

83.34

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

2633.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Andrew Henrick

Mailing Address 23961 Magdalena
Ste 302

City State Zip Code
Laguna Hills CA 92653-3665

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.87

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: 4B18874F4904D0C0AD6C

Amount of Each Receipt this Period

30.41

BATCH TOOL RECURRING PAYMENT
APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Mark Hughes

Mailing Address 3 Woodland Rd
Ste 210

City State Zip Code
Stoneham MA 02180-1711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.66

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: 4157AAAE58DB45CB1362

Amount of Each Receipt this Period

416.66

PACWEB RECURRING CC PAYMENT
APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Elena Jimenez

Mailing Address 17 Calle Tapia

City State Zip Code
San Juan PR 00911-1446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Transaction ID: 45B58B449FB63F56D2D3

Amount of Each Receipt this Period

41.67

BATCH TOOL RECURRING PAYMENT
APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

488.74

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 42

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Emilio Justo

Mailing Address 19052 N R H Johnson Blvd

City

Sun City West

State

AZ

Zip Code

85375-4401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: 48E39EBB9033EEBC43B8

Amount of Each Receipt this Period

41.66

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Marilyn Kay

Mailing Address 10818 N Ravine Ct

City

Megunon

State

WI

Zip Code

53092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: E3CF3EA8-344D-4BF5-

Amount of Each Receipt this Period

199.00

C.

Full Name (Last, First, Middle Initial)

Gena Kidd

Mailing Address 515 Hillcrest Rd

City

West Lafayette

State

IN

Zip Code

47906-2347

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: C9D498654B1FB7AE8E1

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

605.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Alan Kimura

Mailing Address 8101 E Lowry Blvd
Ste 210

City State Zip Code
Denver CO 80230-7195

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthamologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 1 0

Transaction ID: 4F10830A697BD283C964

Amount of Each Receipt this Period

41.67

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

James Klein

Mailing Address 21711 Greater Mack Ave

City State Zip Code
Saint Clair Shores MI 48080-2418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthamologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: 48D4ADD5E47AA40547B8

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Stephen Kondash

Mailing Address 2841 Boudinot Ave
Ste 300

City State Zip Code
Cincinnati OH 45238-2496

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthamologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: 465B8B719E0843064568

Amount of Each Receipt this Period

25.00

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

166.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Douglas Kopp

Mailing Address 2222 W 24th St
Unit 10

City State Zip Code
Plainview TX 79072-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: 4CE0A58BC76921EBE13E

Amount of Each Receipt this Period

50.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Alexandra Kostick

Mailing Address 3 Pine Cone Dr
Ste 104

City State Zip Code
Palm Coast FL 32137-8684

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: 3B76E892113CE884E96

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Worldster S. Lee

Mailing Address 2048 Ualakaa St

City State Zip Code
Honolulu HI 96822-7012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: 49CCE7F0386C2EF9ADD

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1415.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

James Lehmann

Mailing Address 422 College

City

San Antonio

State

TX

Zip Code

78209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: 27223210-8C50-416E-

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Eligijus Lelis

Mailing Address 14488 Hawthorne Dr

City

Lemont

State

IL

Zip Code

60439-9126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: 445E8F2ADDC0FDB7E95A

Amount of Each Receipt this Period

25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Sue Lim

Mailing Address 263 Harrington Dr

City

Troy

State

MI

Zip Code

48098-3027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: 42988949254F3DC9FAD3

Amount of Each Receipt this Period

25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Mark Lindsay

Mailing Address 2725 E 29th St

City

Bryan

State

TX

Zip Code

77802-2504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: 3ACAB77752A2B17B27C

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Edward Lores

Mailing Address 4950 S Le Jeune Rd
Ste D

City

Coral Gables

State

FL

Zip Code

33146-2231

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: 4BBBB24BF63FDD59D1B

Amount of Each Receipt this Period

25.00

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Louis Maisel

Mailing Address PO Box 547

City

New City

State

NY

Zip Code

10956-0547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 1 0

Transaction ID: 400C8F0DA947ED797A1E

Amount of Each Receipt this Period

25.00

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Masud Malik

Mailing Address 3865 N Mulford Rd

City

Rockford

State

IL

Zip Code

61114-5603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 1 0

Transaction ID: 44F0ADF8F5DC271854E0

Amount of Each Receipt this Period

83.34

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Timothy Malone

Mailing Address 731 Walker Rd
Ste F

City

Great Falls

State

VA

Zip Code

22066-2834

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 1 0

Transaction ID: 47BF85ABEE937F4B378F

Amount of Each Receipt this Period

25.00

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Mark Mandel

Mailing Address 1237 B St

City

Hayward

State

CA

Zip Code

94541-2915

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 1 0

Transaction ID: 43DCA60B557F81CF3C63

Amount of Each Receipt this Period

83.34

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

191.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Sheron Marshall

Mailing Address 7075 Campus Dr
Ste 100

City State Zip Code
Colorado Springs CO 80920-6524

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthamologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: 4280AFF8D6AB12851E51

Amount of Each Receipt this Period

41.67

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Rodney McCarthy

Mailing Address 2865 N Reynolds Rd
Ste 170

City State Zip Code
Toledo OH 43615-2076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthamologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: 47CF8789B164DAABD9D5

Amount of Each Receipt this Period

50.00

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

J. Arch McNamara

Mailing Address 2300 Highland Ave
Ste 201

City State Zip Code
Bethlehem PA 18020-8920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthamologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 1 0

Transaction ID: 46C58EDCE9BEE89FE98D

Amount of Each Receipt this Period

41.67

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

133.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Richard Meister

Mailing Address 5959 Greenback Ln
Ste 310

City State Zip Code
Citrus Heights CA 95621-4700

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.87

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: 46C59604C83FF7C640C9

Amount of Each Receipt this Period

30.41

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Dorothy Moore

Mailing Address 2055 Limestone Rd
Ste 102

City State Zip Code
Wilmington DE 19808-5536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 1 0

Transaction ID: 4AB08D4BE9539E590712

Amount of Each Receipt this Period

100.00

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Richard Neahrng

Mailing Address 1309 Liberty St SE

City State Zip Code
Salem OR 97302-4245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: 4A58875491F451DF019D

Amount of Each Receipt this Period

50.00

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

180.41

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 42

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Eric Nelson

Mailing Address 6405 France Ave S
Ste W460

City State Zip Code
Edina MN 55435-2189

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 1 0

Transaction ID: 4C57867A04EE59C1CC60

Amount of Each Receipt this Period

25.00

PACWEB RECURRING CC PAYMENT
APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

John O'Neill

Mailing Address 8101 Connecticut Ave
Apt C605

City State Zip Code
Chevy Chase MD 20815-2807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: 9D9B336BA292F3367F4

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

S. Richard Ombres, Jr.

Mailing Address PO Box 190

City State Zip Code
Christiansted VI 00821-0190

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 1 0

Transaction ID: 4B0E8B266C73C50D60D9

Amount of Each Receipt this Period

83.34

BATCH TOOL RECURRING PAYMENT
APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

473.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Kyle Parrow

Mailing Address 2329 N Watersedge Dr

City

Crystal River

State

FL

Zip Code

34429-9277

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Transaction ID: 8ED4ADA6DE3DB784FE1

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Marc Peden

Mailing Address 1600 SW Archer Rd
Box 100284, Rm M1-20

City

Gainesville

State

FL

Zip Code

32610-3003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.02

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 1 0

Transaction ID: 4B3CB53E6916224F0A23

Amount of Each Receipt this Period

10.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Julie Perry

Mailing Address 999 Adams St
Ste 200

City

Saint Helena

State

CA

Zip Code

94574-1171

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 1 0

Transaction ID: 4491BDA46F26675D888C

Amount of Each Receipt this Period

83.33

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

458.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Vadrevu Raju

Mailing Address 3140 Collins Ferry Rd

City

Morgantown

State

WV

Zip Code

26505-3352

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: 4BDE883D3BDFBA642527

Amount of Each Receipt this Period

25.00

PACWEB RECURRING CC PAYMENT
APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Frank Rieger

Mailing Address 800 Hospital Dr

City

Columbia

State

MO

Zip Code

65201-5275

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: 7C574C25DEEF120063E

Amount of Each Receipt this Period

175.00

C.

Full Name (Last, First, Middle Initial)

Jesse Rigsby

Mailing Address 834 N Seminary St
Ste 103

City

Galesburg

State

IL

Zip Code

61401-2897

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 1 0

Transaction ID: 4A99B009A18566CDF35E

Amount of Each Receipt this Period

41.67

BATCH TOOL RECURRING PAYMENT
APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

241.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Teresa Rosales

Mailing Address 4100 Long Beach Blvd
Ste 108

City State Zip Code
Long Beach CA 90807-2696

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthamologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 1 0

Transaction ID: 42D380ED3999F352B253

Amount of Each Receipt this Period

25.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Stanley Rous

Mailing Address 7800 W Oakland Park Blvd
Building C, Suite 206

City State Zip Code
Sunrise FL 33351-6741

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthamologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.87

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 1 0

Transaction ID: 4D3189CCD92439ECAB80

Amount of Each Receipt this Period

30.41

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Delia Sang

Mailing Address 3934 S Americus St

City State Zip Code
Seattle WA 98118-1640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthamologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4166.60

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: 4563A743D8F189353FAD

Amount of Each Receipt this Period

416.66

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

472.07

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

John Saunders

Mailing Address 7711 Louis Pasteur Dr
Ste 603

City State Zip Code
San Antonio TX 78229-3421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: 425EB21A807ADFD7A07D

Amount of Each Receipt this Period

25.00

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Judson Smith

Mailing Address 417 W Magnolia Ave

City State Zip Code
Fort Worth TX 76104-7618

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Transaction ID: 61744264C1CE8C3FCB1

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Alfred Solish

Mailing Address 630 S Raymond Ave
Unit 230

City State Zip Code
Pasadena CA 91105-3283

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: 4B81961B9440A17D5978

Amount of Each Receipt this Period

25.00

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

415.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Robert Stamper

Mailing Address 10 Koret Way, Room K301

City

San Francisco

State

CA

Zip Code

94143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: DE1BD254-A826-4F1D-

Amount of Each Receipt this Period

199.00

B.

Full Name (Last, First, Middle Initial)

Mitchell Brian Stein

Mailing Address 69 S Moger Ave

City

Mount Kisco

State

NY

Zip Code

10549-2217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: 438E86B088F95DF43F7C

Amount of Each Receipt this Period

50.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Donald Stone

Mailing Address 748 Tuscany Way

City

Edmond

State

OK

Zip Code

73034-6786

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 1 0

Transaction ID: 4E09B2429AE8A57E2EBF

Amount of Each Receipt this Period

50.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

299.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Richard Storm

Mailing Address 303 E Park Ave

City

Long Beach

State

NY

Zip Code

11561-3600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: 4829876704E2AA5B6271

Amount of Each Receipt this Period

25.00

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Stephanie Sugin

Mailing Address 1201 W Main St
Ste 100

City

Waterbury

State

CT

Zip Code

06708-3105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

980.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 1 0

Transaction ID: 4A0CA5019C154A230D29

Amount of Each Receipt this Period

25.00

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Steven Swedberg

Mailing Address 21827 76th Ave W
Ste 102

City

Edmonds

State

WA

Zip Code

98026-7981

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 1 0

Transaction ID: 4B7086D695C8B8C86184

Amount of Each Receipt this Period

83.34

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

133.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Randall Tozer

Mailing Address 9811 N 95th St
Ste 101

City State Zip Code
Scottsdale AZ 85258-4527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

573.35

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 1 0

Transaction ID: 479E9EDA8FB002ACEAC2

Amount of Each Receipt this Period

41.67

BATCH TOOL RECURRING PAYMENT
APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

L. Andrew Watkins

Mailing Address 427 W 20th St
Ste 100

City State Zip Code
Houston TX 77008-2425

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: 43A8A89D5F211E5E48EE

Amount of Each Receipt this Period

50.00

BATCH TOOL RECURRING PAYMENT
APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Aaron Weingeist

Mailing Address 3934 S Americus St

City State Zip Code
Seattle WA 98118-1640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: 4D74972302085C437D8C

Amount of Each Receipt this Period

50.00

PACWEB RECURRING CC PAYMENT
APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

141.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Harry Zink

Mailing Address 3519 Friendsville Rd

City

Wooster

State

OH

Zip Code

44691-1241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.31

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: 43C8B9D0D25DEAABD89C

Amount of Each Receipt this Period

83.33

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

83.33

TOTAL This Period (last page this line number only)

13574.30

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 42

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Leonard Feiss

Mailing Address Bp 70142

City

State

Zip Code

Beaune Cedex

21204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	1	0

Transaction ID: 4A0B921C11FB376CAAB3

Amount of Each Receipt this Period

25.00

PAC Admin

SUBTOTAL of Receipts This Page (optional)

25.00

TOTAL This Period (last page this line number only)

25.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 / 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
Boucher for Congress Committee

Mailing Address PO Box 2000

City Abingdon State VA Zip Code 24212

Purpose of Disbursement
Contribution 2010 GENERAL

Candidate Name
Frederick C. Boucher

Office Sought: ☒ House
☐ Senate
☐ President

State: VA District: 09

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 01772-2384607195854

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
Chris Coons for Delaware

Mailing Address PO Box 9900

City Newark State DE Zip Code 19714

Purpose of Disbursement
Contribution 2010 GENERAL

Candidate Name
Christopher A. Coons

Office Sought: ☐ House
☒ Senate
☐ President

State: DE District:

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 01772-4066125750541

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
Courtney for Congress

Mailing Address 38 Risley Road

City Vernon State CT Zip Code 06066

Purpose of Disbursement
Contribution 2010 GENERAL

Candidate Name
Joseph D. Courtney

Office Sought: ☒ House
☐ Senate
☐ President

State: CT District: 02

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 01772-3784448504447

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 / 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.	Transaction ID: 48973-6285211443901 Date of Disbursement																				
Full Name (Last, First, Middle Initial) Friends of John Sarbanes Mailing Address PO Box 6854	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	7		2	0	1	0												
City Towson State MD Zip Code 21285 Purpose of Disbursement Contribution 2010 GENERAL Candidate Name John P. Sarbanes Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 03	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table> <table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	2500.00	011	Category/ Type																	
2500.00																					
011																					
Category/ Type																					
B.	Transaction ID: 01772-0990564227104 Date of Disbursement																				
Full Name (Last, First, Middle Initial) Gary Miller for Congress Mailing Address 721 S. Brea Canyon Road, Suite 7	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	7		2	0	1	0												
City Diamond Bar State CA Zip Code 91789 Purpose of Disbursement Contribution 2010 GENERAL Candidate Name Gary G. Miller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 42	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	1000.00	011	Category/ Type																	
1000.00																					
011																					
Category/ Type																					
C.	Transaction ID: 01772-1330072283744 Date of Disbursement																				
Full Name (Last, First, Middle Initial) Jim Himes for Congress Mailing Address 857 Post Road, #312	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	7		2	0	1	0												
City Fairfield State CT Zip Code 06824 Purpose of Disbursement Contribution 2010 GENERAL Candidate Name James A. Himes Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 04	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	1000.00	011	Category/ Type																	
1000.00																					
011																					
Category/ Type																					
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td>4500.00</td> </tr> </table>	4500.00																			
4500.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 38 / 42

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Paul Tonko for Congress

Mailing Address 911 Central Avenue
PO Box 221

City Albany State NY Zip Code 12206

Purpose of Disbursement
Contribution 2010 GENERAL

Candidate Name
Paul D. Tonko

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 21

Transaction ID: 01772-8056909441948

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Russ Carnahan in Congress Committee

Mailing Address 7000 Chippewa St

City St Louis State MO Zip Code 63123

Purpose of Disbursement
Contribution 2010 GENERAL

Candidate Name
Russ Carnahan

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 03

Transaction ID: 01772-5514032244682

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

19500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 / 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

John Wells, III

Mailing Address 124 Sunset Ct

City
West Columbia

State
SC

Zip Code
29169-2429

Purpose of Disbursement

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 08D1C783EE81D08B999

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

100.00

B.

Full Name (Last, First, Middle Initial)

John Wells, III

Mailing Address 124 Sunset Ct

City
West Columbia

State
SC

Zip Code
29169-2429

Purpose of Disbursement

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2242583376E1D32719D

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

100.00

C.

Full Name (Last, First, Middle Initial)

John Wells, III

Mailing Address 124 Sunset Ct

City
West Columbia

State
SC

Zip Code
29169-2429

Purpose of Disbursement

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2A6FD6FE88556813795

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

300.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 / 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.	Full Name (Last, First, Middle Initial) John Wells, III			Transaction ID: 728D5899E0D4BA2852D																					
	Mailing Address 124 Sunset Ct			Date of Disbursement																					
				<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	6		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y															
	1	0		0	6		2	0	1	0															
City West Columbia State SC Zip Code 29169-2429			Amount of Each Disbursement this Period																						
Purpose of Disbursement			<table border="1"><tr><td colspan="10">100.00</td></tr></table>		100.00																				
100.00																									
Candidate Name			010 Category/ Type																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																						
State: District:			<input type="checkbox"/> Other (specify) ▼																						
B.	Full Name (Last, First, Middle Initial) John Wells, III			Transaction ID: 891EF85BD35676EBED7																					
	Mailing Address 124 Sunset Ct			Date of Disbursement																					
				<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	6		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y															
	1	0		0	6		2	0	1	0															
City West Columbia State SC Zip Code 29169-2429			Amount of Each Disbursement this Period																						
Purpose of Disbursement			<table border="1"><tr><td colspan="10">100.00</td></tr></table>		100.00																				
100.00																									
Candidate Name			010 Category/ Type																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																						
State: District:			<input type="checkbox"/> Other (specify) ▼																						
C.	Full Name (Last, First, Middle Initial) John Wells, III			Transaction ID: 9468BF2FD1FEB21274A																					
	Mailing Address 124 Sunset Ct			Date of Disbursement																					
				<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	6		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y															
	1	0		0	6		2	0	1	0															
City West Columbia State SC Zip Code 29169-2429			Amount of Each Disbursement this Period																						
Purpose of Disbursement			<table border="1"><tr><td colspan="10">100.00</td></tr></table>		100.00																				
100.00																									
Candidate Name			010 Category/ Type																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																						
State: District:			<input type="checkbox"/> Other (specify) ▼																						
SUBTOTAL of Disbursements This Page (optional)			<table border="1"><tr><td colspan="10">300.00</td></tr></table>		300.00																				
300.00																									
TOTAL This Period (last page this line number only)			<table border="1"><tr><td colspan="10"></td></tr></table>																						

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

John Wells, III

Mailing Address 124 Sunset Ct

City
West Columbia

State
SC

Zip Code
29169-2429

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: AD3AF1F7B18D4A4AECF

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

B.

Full Name (Last, First, Middle Initial)

John Wells, III

Mailing Address 124 Sunset Ct

City
West Columbia

State
SC

Zip Code
29169-2429

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B6928EF6CA7C2907A33

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

200.00

TOTAL This Period (last page this line number only)

800.00

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)		FEC IDENTIFICATION NUMBER C C00196246	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee DMI		Date MM / DD / YYYY 10 / 01 / 2010	
Mailing Address 1145 W Collins Ave		Amount 64750.00	
City State Zip Code Orange CA 92867		Transaction ID: V93071-2610895037651	
Purpose of Expenditure Radio ads beginning 10/6/10 for Paulsen		Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Erik Paulsen		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 64750.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee DMI		Date MM / DD / YYYY 10 / 11 / 2010	
Mailing Address 1145 W Collins Ave		Amount 89830.00	
City State Zip Code Orange CA 92867		Transaction ID: V06554-7084619402885	
Purpose of Expenditure Radio ads, direct mail beginning 10/13/10 Miller-Meeks		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Mariannette Jane Miller-Meeks		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 89830.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures		154580.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures		154580.00	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Steven Rausch Signature		Date MM / DD / YYYY 11 / 22 / 2010	